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**\*BIBDATASHEET\***

Bib Data Sheet

CONFIRMATION NO. 3254

<b>SERIAL NUMBER</b> 09/890,469	<b>FILING OR 371(c) DATE</b> 11/03/2001 <b>RULE</b>	<b>CLASS</b> 435	<b>GROUP ART UNIT</b> 1649	<b>ATTORNEY DOCKET NO.</b> 17810-510 NATL
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**APPLICANTS**

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**\*\* CONTINUING DATA \*\*\*\*\***

This application is a 371 of PCT/US00/03592 02/11/2000  
 which claims benefit of 60/119,725 02/12/1999  
 This application 09/890,469  
 is a CIP of 09/422,844 10/21/1999 PAT 6,468,794  
 and claims benefit of 60/168,407 12/01/1999

**\*\* FOREIGN APPLICATIONS \*\*\*\*\*****IF REQUIRED, FOREIGN FILING LICENSE GRANTED****\*\* 05/13/2002**

Foreign Priority claimed 35 USC 119 (a-d) conditions met Verified and Acknowledged	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Examiner's Signature Initials	<b>STATE OR COUNTRY</b> UNITED KINGDOM	<b>SHEETS DRAWING</b> 14	<b>TOTAL CLAIMS</b> 51	<b>INDEPENDENT CLAIMS</b> 14
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**ADDRESS**

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**TITLE**

ENRICHED CENTRAL NERVOUS SYSTEM CELL AND PROGENITOR CELL POPULATIONS AND METHOD  
 FOR IDENTIFYING ISOLATING AND ENRICHING FOR SUCH POPULATIONS

<b>FILING FEE RECEIVED</b> 2902	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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